



LEAD ABATEMENT PROJECT RE-NOTIFICATION

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

LEAD POISONING PREVENTION PROGRAM

1000 SW JACKSON, SUITE 330 TOPEKA, KS 66612

1-866-UNLEADED www.unleadedks.com

GENERAL INFORMATION

- KDHE must receive a completed *Lead Abatement Project Re-Notification* form no later than twenty-four (24) hours prior to the commencement of the Lead Abatement Project.

- Please type or print legibly.

- Mail completed application to:

Kansas Department of Health & Environment,
Attn: Lead Poisoning Prevention Program, Curtis Building,
1000 SW Jackson, Suite 330, Topeka, KS 66612-1274.

KDHE USE ONLY

Date _____
Application _____
Changes Noted _____

PART A. PROJECT INFORMATION (additional pages must be attached, include all locations of structures being abated)

Project Address (STREET)		City	State	Zip	County
Property Owner Name	Street	City	State	Zip	Telephone Number () -

Type of structure being abated (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Dwelling (Single Family) | <input type="checkbox"/> Child-occupied facility (As defined in K.A.R. 28-72-1 (m)) |
| <input type="checkbox"/> Dwelling (Multi-family) | <input type="checkbox"/> Other Structures (Please Describe) _____ |

Project Start Date: _____ Estimated Project Completion Date: _____ Project Work Hours: _____

Attach detailed work plan that includes specific dates and times of abatement activities. If changes occur to the dates or times listed notify KDHE at least 24 hours in advance of change. Changes caused by weather conditions do not require notice.

PART B. PROJECT PERSONNEL CHANGES (additional pages may be attached)

Lead Abatement Project Supervisor(s)

Name	KDHE Certificate # / Expiration Date	Name	KDHE Certificate # / Expiration Date

Lead Abatement Project Workers: Attach additional sheet if necessary.

Name	KDHE Certificate # / Expiration Date	Name	KDHE Certificate # / Expiration Date

PART C. PROJECT CHANGES * PLEASE LIST ANY CHANGES TO THE ORIGINAL PROJECT NOTIFICATION IN THE SPACE BELOW *

NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE PROJECTS' LEAD ABATEMENT SUPERVISOR(S) LISTED ABOVE.

I hereby certify that all of the information provided in this initial notification is complete and true to the best of my knowledge.

Signature of Lead Abatement Supervisor	DATE
Signature Of Lead Abatement Supervisor (if more than one)	DATE